POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATI N	_(signature)_		10-11-0
.I.P.E. CLASSIFIER			
F RMALITY REVIEW	_(signature)_	535	10-31-01

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral) Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)